• .	PATENT A	PPLICATIO Effecti	N FEE DE ive Janual			ON RECOR	D.	•	10/	6	322	21		
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TO	TAL CLAIMS		20				RAT	RATE FEE			RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	375.00	OR	Başiq Fee	750.00		
TOTAL CHARGEABLE CLAIMS			20 minus 20=		0		XS) = ·		OR	X\$18=			
-	EPENDENT CL		Minus 3 =		• 7		· X42) <u> </u>		• • • •	XB4=		·	
	-	DENT CLAIM P	IESENT							OR				
								0 <u>=</u>	, ,	OR	+280=	:::	İ	
• If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL 41.7 OR TOTAL													ŀ	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY OR SMALL ENTITY						
		(Column 1)		. NG	EST				ADDI-			ADDI-	l	
Y E		REMAINING AFTER	•		OUSLY!	PRESENT EXTRA	RAT	E	TIONAL		RATE	TIONAL FEE	İ	
AMENOMENT	Total	AMENDMENT	Minus	PAID	<u>508</u> 2 ₀	. 0	XS	0	FEE	OR	X\$18=	PSG.		
3	Independent	. 40	Minus		3	= /	X42				X84=			
₹		NTATION OF M	ULTIPLE DE	ENDEN	T CLAIM		. ^4	:= 	42	OR				
(Pa) 1/2								0=		OR	+280=		•	
Hymot 8-00								ITAL FEE		OR	ADDIT. FEE	- 3	Į	
(Cotumn 1) (Cotumn 2) (Cotumn 3)									•]	
NT B		CLAIMS REMADUNG AFTER AMENDMENT		NUL PREVI	HEST IBER OUSLY IFOR	PRESENT, EXTRA	RA	ΠĖ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	. 20	Minus-	* 6	b	.0	X\$	9=		OR	X\$18=			
	Independent	. 4	Minus .	 ∠	L	:0	X4:	} -		OR	X84=	X	•	
	FIRST PRESE	ULTIPLE DE	LTIPLE DEPENDENT CLAIM			114	۸	/		+280=				
								TAL	-	OR	TOTAL		1 `	
8 25 6 (Column 1) (Column 2) (Column 3)													1	
0	100	Column 1)	· · ·		imn 2) HEST	(Column 3)			4001	1		1. 4624	ł	
ENT G		REMAINING AFTER AMENDMENT		PREV	ABEA IOUSLY FOR	PRESENT EXTRA	RA	re .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
MQ	Total	. 19	Minus	** 6	20	•	XS	9=		OR	X\$18=		l	
AMENDME	Independent	. 4	Minus	***	4	•	X4:	2=		OR	X84=		1	
4	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDEN	T CLAIM							1	1	
* If the entry in column 1 is less than the entry is column 2, write "O" in column 3.								O= STAL	<u> </u>	ОЯ	+280=		4	
•	" If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "20." "If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	ADOIT, FEE		4	
. —	The Highest Nu	mber Previously P	aid For (Total o	x Indepen	dent) is th	e highest numbe	found in (he e	opropriate bo	ax fu c	dumė 1.		1	
FOR	APTO TE COP	Carica de c	premains Printing	Office: 2000	- 60-27¥8	0153	Paters and	Yrade	med Ölice, I	J.S. 01	Plantage C	COMMEN	¥	
	10.1							~ [:	A . A.		<i>:</i> :	

Application or Docket Number

BEST AVAILABLE COPY